

Local Health Department Strategies to Address Increasing Incidence of Pertussis

Pertussis outbreaks can be difficult both to identify and to manage. Local health departments noting an increase in pertussis cases in their communities should consider strategies to reduce community transmission to help prevent or mitigate community-wide outbreaks.

The strategies listed below seek to increase community awareness of the disease, promote the early diagnosis and treatment of cases, encourage increased vaccination, and protect infants and other vulnerable groups. Local health departments should consider which of these strategies will be most effective and feasible given the current epidemiology of pertussis in their community and the resources available to them. The Communicable Disease Branch (CDB) can be reached for consultation at (919) 733-3419.

Surveillance	<ul style="list-style-type: none"> • Confirm community transmission by making a concerted effort to obtain a positive nasopharyngeal culture. Pseudo-outbreaks of pertussis have resulted because of false positive PCR results with no culture confirmation. • Consider active screening for suspected pertussis in settings such as schools, day care centers, and hospitals. • Consider initiating active surveillance for pertussis by contacting physicians, health care workers and laboratories on a routine basis. • Monitor and share local and state-wide trends using surveillance data (state-wide information can be found in the Pertussis Monthly Report*).
Healthcare Provider Alerts	<ul style="list-style-type: none"> • Alert healthcare providers at clinics, physician offices, obstetric offices, hospitals (e.g., postpartum units), and emergency departments using blast faxes, press releases, social media or other existing channels. Periodic updates may be necessary. • Ensure birthing hospitals are familiar with NC General Statute 131E-79.2* requiring parent education on pertussis and pertussis vaccine. • Provide education on pertussis, including: <ul style="list-style-type: none"> ◦ A description of the current epidemiology in the your area; ◦ The signs and symptoms, diagnosis, and treatment of pertussis; ◦ A reminder to providers that very young infants may have a non-classical presentation and that immunized children and adults also get pertussis; ◦ The importance of reporting suspected cases to public health authorities promptly; ◦ The importance of protecting infants aged <1 year through vaccination and keeping infants away from individuals with a cough illness; and ◦ A suggestion that obstetricians, midwives and pediatricians should consider inquiring about cough illness in household contacts of women near term or in the households of infants.
Public Education	<ul style="list-style-type: none"> • Inform the public, particularly parents with very young children, about pertussis in your community using press releases, social media or other existing channels. • Include in the communications: <ul style="list-style-type: none"> ◦ Education on pertussis, including the signs and symptoms, diagnosis, and treatment; ◦ A reminder for parents to keep infants aged <1 year away from persons with a cough illness; ◦ A reminder for the public to see their doctor for evaluation of an unexplained cough illness; and ◦ A reminder for the public about the importance of vaccination against pertussis. • Use the Immunization Action Coalition Q&A fact sheet* to provide a comprehensive overview written for a lay audience. • Consider the need for a school-wide alert using newsletters, school system “auto call,” school websites, social media or other existing channels. This should be done in consultation with relevant parties such as school staff or the School Health Unit.
Vaccination	<ul style="list-style-type: none"> • Include messaging about the importance of vaccination in all alerts to the public and providers. • Consider targeted messaging efforts focusing on obstetric practices to improve third trimester coverage in pregnant women. • Screen and offer Tdap to eligible patients at health department clinics (including flu vaccination clinics). • Familiarize LHD staff with expanded criteria for the use of state-supplied Tdap in uninsured pregnant and postpartum women.*
Workload Considerations	<ul style="list-style-type: none"> • Identify pre-translated materials* and translator availability for non-English speaking populations. • Obtain templates for press releases, contact investigation worksheets, school letters, etc. from the CDB. • When necessary, target strategies to focus on settings where infants are present. • Identify additional staff who can assist with managing workload.
*Pertussis Resources	<ul style="list-style-type: none"> • Pertussis Monthly Report: http://epi.publichealth.nc.gov/cd/diseases/pertussis.html • NC General Statute 131E-79.2: http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S486v4.pdf • Immunization Action Coalition Q&A fact sheet http://www.immunize.org/catg.d/p4212.pdf • Immunization Branch Tdap Use Memo: http://bit.ly/1dAqJNn • CDC Pertussis Website (includes translated materials): www.cdc.gov/pertussis • Immunization Action Coalition Website (includes translated materials): www.immunize.org/pertussis